

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		8/13/01
O.I.P.E. CLASSIFIER		49	8/16/01
FORMALITY REVIEW	Refale	TC826	9/14/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	0	0	
5	0	0	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	0	0	
10	✓	✓	
11	✓	✓	
12	0	0	
13	✓	✓	
14	✓	✓	
15	0	0	
16	0	0	
17	0	0	
18	0	0	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	0	0	
23	✓	✓	
24	✓	✓	
25	0	0	
26	✓	✓	
27	0	0	
28	✓	✓	
29	0	0	
30	0	0	
31	0	0	
32	0	0	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	0	0	
37	✓	✓	
38	✓	✓	
39	0	0	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	0	0	
44	0	0	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	0	0	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
56	0	0	
57	0	0	
58	✓	✓	
59	✓	✓	
60	✓	✓	
61	0	0	
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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829  
09/14